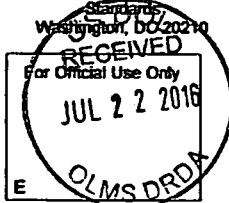


**FORM LM-10  
EMPLOYER REPORT**

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 433 or 440.

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

Part A

625305

1. File Number E- <b>64802</b>	2. Fiscal Year Covered From: <b>06 / 01 / 2015</b> Through: <b>05 / 31 / 2016</b>
3. Name and address of Reporting Employer (inc. trade name, if any). Employer <b>Cargill Meat Solutions</b> Trade Name Attention To <b>Tanya Teeter</b> Title <b>Assistant Vice President of Labor</b> Mailing Address P.O. Box, Bldg., Room No., if any Street <b>151 N. Main</b> City <b>Wichita</b> State <b>Kansas</b> ZIP Code + 4 <b>67202</b>	4. Name and address of President or corresponding principal officer, if different from address in Item 3. Name <b>John Niemann</b> P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
5. Any other address where records necessary to verify this report will be available for examination. Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination. <input type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input type="checkbox"/> Address in Item 5
7. Type of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify)	

**Signatures**

Each of the undersigned, duly authorized officers of the above employer declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VIII on penalties in the instructions.)

13. Signed [Signature] President  
Title President (if other title, see instructions)

On 7/15/16 316-291-2927  
Date Telephone Number

14. Signed [Signature] Treasurer  
Title Controller/Comptroller (if other title, see instructions)

On 7/15/16 316-291-3436  
Date Telephone Number

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Name of Reporting Employer: Cargill Meat Solutions

File Number E- 64802

**8. Type of Reportable Activity Engaged In By Employer**

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

**DURING THE FISCAL YEAR COVERED BY THIS REPORT:**

- |   | YES                                 | NO                                  | If "Yes", number<br>of Part Bs<br>attached |
|---|-------------------------------------|-------------------------------------|--|
| 8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 0  |
| 8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 0  |
| 8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 0  |
| 8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 0  |
| 8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1  |
| 8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 0  |

**TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 1**

Name of Reporting Employer: Cargill Meat Solutions						File Number E- 64802	
Check Item Number (from Page 2) to which this Part B applies		ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input checked="" type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state).			
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.  Name   P.O. Box, Building and Room Number, if any  Street  City  State ZIP Code + 4				9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization Kulture Consulting  P.O. Box, Building and Room Number, if any PO Box 2877 Street  City Pawleys Island State South Carolina ZIP Code + 4 29585			
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.				10.b. The promise, agreement, or arrangement was:  <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)			
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).		11.b. Amount of each payment or expenditure		11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)			
04/08/2016		12,360		Cash			
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  Provided consulting services to assist Cargill in communicating facts and legally accurate information to employees when we knew that a Union was attempting to have our employees sign authorization cards. For this service Kulture Consulting was paid a daily fee and all travel expenses.							

# Kulture Consulting, LLC.

P.O. Box 2877 \* Pawleys Island, SC 29585  
(843) 314-0383 (O) \* (843) 314-0385 (F)

## PRIVATE

April 8, 2016

Invoice No. 16-041KC

Ms. Tanya Teeter  
Assistant Vice President, Labor Relations  
Cargill Meal Solutions  
151 North Main Street  
Wichita, KS 67201

**TERMS: DUE AND PAYABLE  
UPON RECEIPT**

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**RE: CARGILL - DAYTON, VIRGINIA**

**PROFESSIONAL SERVICES OF CARLOS ORTIZ**

**MARCH 14, 2016, THROUGH MARCH 20, 2016**

***BALANCE DUE:           \$   12,359.50***

**THANK YOU!**

**Please remit payment to  
Kulture Consulting, LLC  
P.O. Box 2877, Pawleys Island, SC 29585**

# Kulture Consulting, LLC.

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Page One

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**RE: CARGILL - DAYTON, VIRGINIA**

## PROFESSIONAL SERVICES OF CARLOS ORTIZ

**MARCH 14, 2016, THROUGH MARCH 20, 2016**

## DESCRIPTION

Traveled to and from Dayton, Virginia. Met with employees to discuss Employee Relations.

## Breakdown of Consultant Days

3.0 Days @	\$ 3,500 per day, Carlos Ortiz	\$ 10,500.00
		\$ 10,500.00

## CO Days

3-14 (1 Day), 3-15 (1 Day), 3-16 (1 Day)

Please remit payment to  
Kulture Consulting, LLC  
P.O. Box 2877, Pawleys Island, SC 29585

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Assistant Vice President, Labor Relations  
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Page Two

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## Administrative/Support Services

1.0 Hour @ \$ 55 per hour \$ 55.00

## Expenses

Airfare	\$ 893.70
Auto Rental	406.40
Hotel	409.61
Meals	<u>94.79</u>
	\$ 1,859.50

**TOTAL AMOUNT DUE: \$ 12,359.50**

THANK YOU!

Please remit payment to  
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